

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966584	(X3) DATE SURVEY COMPLETED R 01/05/2018
NAME OF PROVIDER OR SUPPLIER ANDALUSIA ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 360 EAST 65 STREET HIALEAH, FL 33013	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An Abbreviated Biennial Survey Revisit was conducted from December 28 to January 05, 2017. Andalusia ALF, Inc. (AL#10771) with Limited Mental Health component had no deficiencies identified at the time of the survey: